



MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOLID WASTE MANAGEMENT PROGRAM
PO BOX 176
JEFFERSON CITY, MO 65101
WASTE TIRE END-USER REGISTRATION FORM

FOR OFFICE USE ONLY

MoDNR REGISTRATION

NUMBER _____

BUSINESS NAME OF COMPANY			TELEPHONE NUMBER ()	
MAILING ADDRESS	CITY	COUNTY	STATE	ZIP CODE
FACILITY ADDRESS (IF DIFFERENT THAN ABOVE)			TELEPHONE NUMBER ()	
CITY	COUNTY	STATE	ZIP CODE	
END-USER'S PRINCIPAL OR AUTHORIZED REPRESENTATIVE TO ACT AS CONTACT PERSON IN REFERENCE TO THIS REGISTRATION				
TITLE		BUSINESS TELEPHONE NUMBER ()		
LIST END USE(S) AND THE APPROXIMATE NUMBER OF WEIGHT OF TIRES FOR EACH USE (ATTACH LIST IF NECESSARY) _____ _____				
APPROXIMATE NUMBER OR WEIGHT OF WASTE TIRES RECEIVED PER MONTH		APPROXIMATE NUMBER OR WEIGHT OF WASTE TIRES SHIPPED OR OTHERWISE DISPOSED OF PER MONTH		
WASTE TIRES ARE RECEIVED FROM THE FOLLOWING SOURCES (ATTACH LIST IF NECESSARY)				
NAME (1)		PERMIT NUMBER		
ADDRESS	CITY	STATE	ZIP CODE	
NAME (2)		PERMIT NUMBER		
ADDRESS	CITY	STATE	ZIP CODE	
NAME (3)		PERMIT NUMBER		
ADDRESS	CITY	STATE	ZIP CODE	
NAME (4)		PERMIT NUMBER		
ADDRESS	CITY	STATE	ZIP CODE	
I, THE UNDERSIGNED, CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE AND THAT THE TRANSPORT, DISPOSAL, STORAGE OR PROCESSING OF WASTE TIRES WILL COMPLY WITH THE REQUIREMENTS OF THE MISSOURI SOLID WASTE MANAGEMENT LAW AND RULES. I UNDERSTAND THAT IN THE EVENT OF ANY FALSE OR FRAUDULENT INFORMATION IN THE APPLICATION OR OF FAILURE TO OPERATE IN COMPLIANCE WITH THE APPLICABLE LAWS AND RULES, THE REGISTRATION MAY BE REVOKED AFTER DUE NOTICE FROM THE MISSOURI DEPARTMENT OF NATURAL RESOURCES.				
SIGNATURE (OWNER OR AUTHORIZED REPRESENTATIVE)			DATE	
PRINT NAME AND TITLE				